

MAINTENANCE OR DAILY CARE

- 1. Take at least one bath or shower per day; use warm water, for 10-15 minutes.
- 2. Use a gentle cleansing bar or wash in the sensitive skin formulation as needed such as Dove® or Oil of Olay®.
- 3. Pat away excess water and immediately (within 3 minutes) apply moisturizer, sealer, or maintenance medication if directed. Fragrance-free moisturizers available in one pound jars include Aquaphor® Ointment, Eucerin® Crème, Vanicream®, CeraVe® Cream or Cetaphil® Cream. Vaseline® is a good occlusive preparation to seal in the water; however, it contains no water so it only works effectively after a bathing. Use moisturizers liberally throughout the day. Moisturizers and sealers should not be applied over any topical medication.
- 4. Avoid skin irritants and proven allergens.

MILD TO MODERATE ATOPIC DERMATITIS

- 1. Bathe as above for 10-15 minutes, once (and possibly twice) daily.
- 2. Use cleansers as above.
- 3. Use moisturizers as above to healed and unaffected skin, twice daily especially after baths and at mid-day total body.
- 4. Apply to affected areas of face, groin and underarms twice daily especially after baths _____(low potency topical corticosteroid), or _____(topical calcineurin inhibitors), or other topical preparation as directed _____(topical barrier repair cream, eg. Atopiclair® three times daily).
- 5. Apply to other affected areas of the body twice daily especially after baths _____(low to mid- potency topical corticosteroid), or _____(topical calcineurin inhibitors), or other topical preparation as directed _____.
- 6. Add other medications as directed: _____(eg. oral sedating antihistamines, topical or oral antimicrobial therapy)
- 7. Pay close attention to things that seem to irritate the skin or make condition worse.

NOTES:

MODERATE TO SEVERE ATOPIC DERMATITIS

- 1. Bathe as above for 10-15 minutes, two times a day, once before bedtime.
- 2. Use cleansers as above or consider an antibacterial cleanser (eg. Lever 2000®)
- 3. Use moisturizers as above to healed and unaffected skin, twice daily especially after baths and at mid-day total body.
- 4. Apply to affected areas of face, groin and underarms twice daily especially after baths _____(low potency topical corticosteroid), or _____(topical calcineurin inhibitors), or other topical preparation as directed _____(topical barrier repair cream, eg. Atopiclair® three times daily).

Figure 1 National Jewish Atopic Dermatitis Program Action Plan.

5. Apply to other affected areas of the body twice daily especially after baths _____ (mid- to high- potency topical corticosteroid),
or _____ (topical calcineurin inhibitors), or other topical preparation as directed _____.
6. Use wet wraps to involved areas selectively as directed.
7. Add other medications as directed: _____ (eg. oral sedating antihistamines, topical or oral antimicrobial therapy)
8. Pay close attention to things that seem to irritate the skin or make condition worse.
9. Contact your health care provider for additional evaluation or therapies. Oral steroids are not usually recommended.
10. Step down to moderate plan above as the skin heals.

NOTES:

Reduce Skin Irritation.

1. Wash all new clothes before wearing them. This removes formaldehyde and other irritating chemicals.
2. Add a second rinse cycle to ensure removal of detergent. Residual laundry detergent, particularly perfume or dye, may be irritating when it remains in the clothing. Changing to a liquid and fragrance-free, dye-free detergent may be helpful.
3. Wear garments that allow air to pass freely to your skin. Open weave, loose-fitting, cotton-blend clothing may be most comfortable.
4. Work and sleep in comfortable surroundings with a fairly constant temperature and humidity level.
5. Keep fingernails very short and smooth to help prevent damage due to scratching.
6. Carry a small tube of moisturizer/sunscreen at all times.
Daycare/school/work should have a separate supply of moisturizer.
7. Shower or bathe after swimming in chlorinated pool or using hot tub using a gentle cleanser to remove chemicals, then apply moisturizer.

Seek psychosocial support.

Use reliable resources for information on atopic dermatitis:

National Jewish Medical and Research Center
1400 Jackson Street
Denver, CO 80206
1.800.222.LUNG
www.nationaljewish.org

National Eczema Association
4460 Redwood Hwy. Ste. 16-
San Rafael, CA 94903
415.499.3474 / 800.818.7546
www.nationaleczema.org

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This may be modified and used for patient care citing National Jewish Medical and Research Center Atopic Dermatitis Program as source.

Figure 1 (continued)

Table 2 Wet Wrap Therapy

Supplies:

1. Topical medications and moisturizers.
2. Tap water at comfortably warm temperature.
3. Basin for dampening of dressings.
4. Clean dressings of approximate size to cover involved area:
 - a. **Face:** 2 to 3 layers of wet Kerlix® gauze held in place with SurgiNet®.
 - b. **Arms, Legs, Hands, and Feet:** 2 to 3 layers of wet Kerlix® gauze held in place with Ace bandages or tube socks, or cotton gloves, or wet tube socks followed by dry tube socks. Tube socks may be used for wraps for hands and feet, and larger ones work as leg/arm covers.
 - c. **Total Body:** Combination of above, or wet pajamas or long underwear and turtleneck shirts covered by dry pajamas or sweatsuit. Pajamas with feet work well for the outer layer.
5. Blankets to prevent chilling.
6. Nonsterile gloves if desired.

Procedure:

1. Be certain that the patient's room is warm and insure privacy. Gather supplies appropriate to the individual.
2. If wraps are to be applied to a large portion of the body, work with two people if possible. It is necessary to work rapidly to prevent chilling.
3. Explain the procedure to the patient and parent.
4. Fill the basin with warm tap water.
5. Usually, the patient will have had a soaking bath prior to this procedure or will soak the area in basin to be wrapped. Pat skin dry with a towel.
6. Apply the appropriate topical medications to affected areas and moisturizer to non-affected areas immediately after pat drying the skin. Use clean plastic spoons or tongue depressor to avoid contamination of products in jars. This allows large areas to be covered quickly and prevent caregivers from unnecessary exposure to topical medications.
7. Soak the dressings. Squeeze out excess water. Dressings should be wet, not dripping.
8. Cover an area with wet dressing chosen for the area and the patient. Immediately after wrapping, cover with appropriate dry material such as an Ace bandage, socks, or pajamas. Start at the feet and move upward. Use wet, long underwear or wet pajamas covered by dry pajamas or sweatsuit with total body involvement in place of wet gauze.
9. Take steps to avoid chilling. Blanket can be put in a dryer to warm up and cover patient, but do not overheat the patient. Wraps can be removed after 1 to 2 hours or can be re-wet. A warm blanket and snuggling help pass the time.
10. If patient is known or suspected to have an infection of the involved areas, place dressings in appropriate bag and dispose according to infection control procedure.
11. After all dressings are removed, moisturizers may be applied to the entire body.